Mr. Michael Fogarty State Medicaid Director Oklahoma Health Care Authority 4545 North Lincoln Boulevard - Suite 124 Oklahoma City, Oklahoma 73105

Our Reference: WA-OK#0179.90.R1.03

Dear Mr. Fogarty:

I am pleased to inform you that your amendment request for the Oklahoma Home and Community-Based Services Waiver (HCBSW) No. 0179.90.R1 has been approved with an effective date of July 1, 1998. This HCBSW program, as authorized under the provisions of 1915(c) of the Social Security Act, provides community-based services as an alternative to individuals who would otherwise require institutional care in Intermediate Care Facilities for the Mentally Retarded (ICF/MR). This amendment has been assigned control number 0179.90.R1.03. This control number should be used in all future correspondence regarding the waiver.

Specifically, this amendment adds Agency Companion Services to the list of qualified services available under the waiver. We note that this additional service does not change the number of unduplicated recipients nor impact upon the overall Factor "D" cost effectiveness.

For your convenience, we have included a copy of the approved waiver replacement pages. If you have any questions, please contact Joe Reeder of my staff at (214) 767-6279.

Sincerely,

James Randolph Farris, M.D. Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations

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Appendix B-2 Provider Qualifications Page 5

Appendix G-2 Demonstration of Factor "D" Waiver Years 3 - 5

Estimates